

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000106702

FILED
Jun 30, 2009
Secretary of State**Entity Name:** ALDEVAL DESIGN AND ASSOCIATES, CORP.**Current Principal Place of Business:**10530 NW 26TH STREET
F-107
DORAL, FL 33172**New Principal Place of Business:**7647 NW 115TH COURT
DORAL, FL 33178**Current Mailing Address:**10530 NW 26TH STREET
F-107
DORAL, FL 33172**New Mailing Address:**7647 NW 115TH COURT
DORAL, FL 33178**FEI Number:** 65-1150518**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DEL VALLE, ALFONSO
10530 NW 26TH STREET
F-107
DORAL, FL 33172 US**Name and Address of New Registered Agent:**DEL VALLE, ALFONSO
7647 NW 115TH COURT
DORAL, FL 33178 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

06/30/2009

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: DEL VALLE, ALFONSO
Address: 10530 NW 26TH STREET
City-St-Zip: DORAL, FL 33172**Title:** VD (X) Delete
Name: DEL VALLE, ANA
Address: 10530 NW 26TH STREET, SUITE F-107
City-St-Zip: DORAL, FL 33172**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PD (X) Change () Addition
Name: DEL VALLE, ALFONSO
Address: 7647 NW 115TH COURT
City-St-Zip: DORAL, FL 33178**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALFONSO DEL VALLE

Electronic Signature of Signing Officer or Director

PD

06/30/2009

Date